UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

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OMB APPR	ROVAL
OMB Number:	3235-0076
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Expires: Estimated average burden hours per response.....16.00

SEC USE ONLY					
Prefix	Serial				
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DATE RECEIVED					
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PROCESSED	FORM D	Estimated average burden hours per response 16.00					
PROCE	NOTICE OF SALE OF SECURITIES						
7,007	PURSUANT TO REGULATION D,						
FEB & LE	DATE RECEIVED						
A _stCON	SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEM	PTION					
Name of Offering W check if this is	an amendment and name has changed, and indicate change.)						
Series A Preferred Stock							
Filing Under (Check box(es) that apply)  Type of Filing: New Filing	Amendment	OLOE CA AND A					
	A. BASIC IDENTIFICATION DATA	13.000					
1. Enter the information requested abo	out the issuer						
Name of Issuer ( check if this is an	amendment and name has changed, and indicate change.)	130					
RF Nano Corporation	•						
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
8 Handel Court, Irvine, CA 92617		(949) 388-3582					
Address of Principal Business Operation (if different from Executive Offices)		Telephone Number (Including Area Code)					
232 Trafalgar Lane, San Clemente	, CA_92672	(949) 388-3582					
Brief Description of Business							
Type of Business Organization Corporation		Dlease specify) 07044966					
business trust	limited partnership, to be formed  Month Year						
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization	on or Organization: 111 05 Actual Estimation: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated :: CA					

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDE	NTIE	FICATION DATA				
2. Enter the information req	uested for the foll	lowing	;;						
• Each promoter of th	e issuer, if the iss	uer ha	s been organized wi	ithin t	he past five years;				
<ul> <li>Each beneficial own</li> </ul>	er having the powe	er to vo	ote or dispose, or dir	ect the	e vote or disposition (	of, 10	% or more o	f a clas	s of equity securities of the issuer.
Each executive office	er and director of	согро	rate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of	f partn	ership issuers.						
			n 6 - i - i - 0		C. C		Diseases	_	Carant and/or
Check Box(es) that Apply:	Promoter	<b>I</b>	Beneficial Owner	Ц	Executive Officer	<b>Z</b>	Director	Ш	General and/or Managing Partner
Full Name (Last name first, if Burke, Peter	individual)								
Business or Residence Addres 8 Handel Court, Irvine, CA	•	Street,	City, State, Zip Co	de)		·			
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if McKernan, Steffen	individual)					-			
Business or Residence Addres	s (Number and	Street,	City, State, Zip Co	de)					······································
8 Handel Court, Irvine, CA	92617								
Check Box(es) that Apply:	Promoter	Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Okapi Ventures, LP	individual)								
Business or Residence Addres	s (Number and	Street,	City, State, Zip Co	de)					
1590 S. Coast Hwy, Suite	10, Laguna Be	ach, (	CA 92618						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Averitt, B. Marc									
Business or Residence Addres 8 Handel Court, Irvine, CA	•	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if Stevenson, Sharon	individual)								
Business or Residence Addres 8 Handel Court, Irvine, CA		Street,	City, State, Zip Co	ide)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Address	s (Number and	Street,	City, State, Zip Co	ode)					11.11.
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street,	, City, State, Zip Co	ode)					
	(Hee blan	nk she	et or conv and use	additi	onal copies of this s	heet a	as necessary	/)	<u></u>

				B. II	NFORMATI	ON ABOU	r offerii	NG				
1 Unath-	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No <b>⊠</b>			
I. Has the	1220C1 2010	i, or does ii									ئسا	<u>. Li</u>
2. What is	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?								\$ 499	,999.00		
4. What 13		4111 1117 00111			p 10 0 11 0 111 0	,					Yes	No
		permit joint										X
commis If a pers or state a broke	sion or sim son to be lis s. list the na r or dealer,	ion request ilar remune ted is an ass ame of the b you may so	ration for s ociated pe roker or de et forth the	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale : (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	ne offering. with a state		
Full Name (	Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Name of As	sociated Bi	oker or De	aler									
States in WI	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers				<del></del>		
(Check	"All States	s" or check	individual	States)	••••••	*****		*************			☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name (	Last name	first, if ind	ividual)									
Business or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)	-					
Name of As	sociated B	roker or De	aler								<u> </u>	
States in W	hich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers				•		•
(Check	"All States	s" or check	individual	States)	***************************************			*************			☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name (	Last name	first, if ind	ividual)							· · · · ·		· <u>-</u>
Business of	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	sociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						<u></u>
		s" or check								***************************************	☐ Al	I States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	••	_	s 1,000,000.14
	Debt	\$_1,000,000.00	
	Equity	<u> </u>	<u> </u>
	Common Preferred		_
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	\$	\$
	Total	\$	\$_1,000,000.14
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 1,000,000.14
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		<b>\$</b>
	Legal Fees		\$_60,000.00
	Accounting Fees		] \$
	Engineering Fees		] \$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		 ]
	Total		\$ 60,000.00

	C. OFFERING I RICE, NOM	DER OF INVESTORS, EXTENSES AND USE OF	TROCLEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."		S	\$1,440,000.00
5.	Indicate below the amount of the adjusted gross pre each of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gros	i	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b>S</b>	_ 🗆 \$
	Purchase of real estate		<u></u> \$	
	Purchase, rental or leasing and installation of mad and equipment	chinery	\$	
	Construction or leasing of plant buildings and fac-	ilities		_ 🗆 \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	□ \$	. □\$
	Repayment of indebtedness			
	Working capital			_
	Other (specify): General Business Operations		\$ 1,440,000.	o(□\$
	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			- — — — — — — — — — — — — — — — — — — —
			<b>\$</b>	
	Column Totals			
	Total Payments Listed (column totals added)		□ \$ <u> </u> 1	,440,000.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi	ission, upon writte	
SS	uer (Print or Type)	Signature	Date	
	Nano Corporation	X 60	February <u>/</u> , 2	2007
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	ffen McKernan	President		
		<u> </u>		